

Health Department, City of Baltimore
Permit No. 98852 Office of Registrar of Vital Statistics. Ward 94

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Peter Steckmeyer
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *25 March 1887*
Sex, Male or Female, { Cross out the word not required in this line. } *male*
Age, *67* Years, *10* Months, *Days.* *✓*
Color, *white*
Married, Single, Widow or Widower, { Cross out the words not required in this line. } *widower*
Occupation, *farmer*
Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Riedseltz - Alte - Lorraine*
Duration of Residence in the City of Baltimore, *2 years*
Place of Death, { Give Street and Number. } *227 S. Sharp Street*
Cause of Death, { First (Primary), } *Internal tumor*
{ Second (Immediate), } *Weakness*
Duration of Last Sickness, *2 years*
All the above information should be furnished by the Physician.
Place of Burial, *St. Agnes C*
Date of Burial, *11 a.m. 28*
Undertaker, *B. J. Hart*
Place of Business, *115' flat* { Address, *720 N Howard Street*

L. G. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

Health Department, City of Baltimore.

Permit No. 98853 Office of Registrar of Vital Statistics. Ward 15¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, (Mar 26-8)

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanna Seibel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 Years, + Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 2 yrs. —

Place of Death, { Give Street and Number. } Old (02) (922) 5 Charles St

Cause of Death, { First (Primary), Second (Immediate), } Senile Debility & Nostalgia

Duration of Last Sickness, Several days in bed. —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 28

{ Undertaker, Harry Briele,

{ Place of Business, Henrietta St

George St. Louis M. D.
Medical Attendant.
Address, 9 E. Montgomery

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[OVER]

Health Department, City of Baltimore.

Permit No. 98852 / Office of Registrar of Vital Statistics. Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH. A

Date of Death,

March 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Agnes E. Parry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 2 Months, - 19 - Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Calvert Co Md

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 21 yrs 3 mo

Place of Death, { Give Street and Number. }

1028 Hopkins Av

Cause of Death, { First (Primary),
Second (Immediate), }Croupy Bronchitis
Asthma

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co Md

Date of Burial, March 28th

Undertaker, F. N. Hale.

Place of Business, #421 Hanover St Address, 105 Carrollton Av

John Pennington M. D.

Medical Attendant.

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[OVER.]

4609 Transit

Health Department, City of Baltimore.

Permit No. 98855 Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

March 26, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Sallie Thornton

Sex, Male or Female, { Cross out the word not required in this line.

Female

Age, 38 Years,

11 Months,

24 Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Single

Occupation,

Teacher

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Maryland

Duration of Residence in the City of Baltimore, Four years

Place of Death, { Give Street and Number.

410 Pearce st.

Cause of Death, { First (Primary), Consumption (Tuberc. disease generally) Second (Immediate), Dropsey General

Duration of Last Sickness,

10 months

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co (by boat)

Date of Burial, March 27-1887

Undertaker, Wm Weaver

Place of Business, 738 N Eutaw St

W. F. A. Kemp

M. D.

Medical Attendant.

Address, 305 N Graw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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4608 Transcr [over.]

Health Department, City of Baltimore.

Permit No. 98856

Office of Registrar of Vital Statistics.

Ward 24

The physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

March 26 / 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lucie W. Edwards

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

Age, 26 Years, 10 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Lady

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 2408 Caroline

Cause of Death, { First (Primary), General bad health and 3 years and 9 months of age. Second (Immediate), Gastro enteritis

Duration of Last Sickness, 8 weeks — or two months

All the above information should be furnished by the Physician.

Place of Burial, Batt Cemetery

Date of Burial, March 28 / 1887

Undertaker, Henry Mitchell

Place of Business, 208 Broadw

Address, 85 May St N

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98857 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

March 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ida M. Roddy

Sex, Male or Female, { Cross out the word not required in this line. }

Years,

4

Days.

Age,

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

3

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. }

Centre & Holliday

Cause of Death, { First (Primary), Second (Immediate). }

Hleg. Eye Disease

Brunelcomes

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Geo. B. Roddy

M. D.

Date of Burial, March 27th 1887

Medical Attendant.

Undertaker, Henry L. M. M. L.

Place of Business, 413 E. Fayette St. Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98858

Office of Registrar of Vital Statistics.

Ward 10^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3/27/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 1/2 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltown

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness, 1/2 hour

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cem

Date of Burial, 3/28/87

Undertaker, J. B. Cook

Place of Business, 1003 Baltown

G. A. Fleming, M. D.

Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98859

Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

March 26/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Susanna Utz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, { Give Street and Number. } 126 S. Register St.

Cause of Death, { First (Primary), Divagation of the bowels ^{Register}; Second (Immediate), }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, March 29/87

Undertaker, Michael Punk

Place of Business, 1408 Bank St.

R.W. Mansfield M. D.
Medical Attendant.
129 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on the reverse side.

Health Department, City of Baltimore.

Permit No. 98860

Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 27/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Lillian E. Snyder

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 Years,

3 Months,

2 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baldo, city

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give Street and Number. } 2226 Fairmount ave

Cause of Death, { First (Primary), Pelvic Peritonitis
Second (Immediate), }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, March 29th 1887

Undertaker, Henny & Mitchell R.W. Mansfield M. D.
Medical Attendant.

Place of Business, 208 S Broadway Address, 129 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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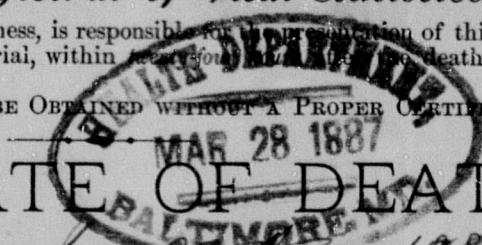
[OVER.]

Health Department, City of Baltimore.

Permit No. 98861 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within two hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

March 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Christina Zink

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 49 Years, 8 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, { Give Street and Number. }

712 S. Charles St

Cause of Death, { First (Primary),
Second (Immediate), }

Phthisis

Duration of Last Sickness,

Several months

All the above information should be furnished by the Physician.

Place of Burial, Dead Hill Park Cemetery

G. A. Straus

M. D.

Date of Burial, March 29th 1887

Medical Attendant.

Undertaker, Julius Kaehler

Place of Business, Sharp's Crossroads

Address, 9 C. Montgomery St

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[OVER.]